

<i>SERFF Tracking Number:</i>	<i>TRVE-125775723</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Travelers Casualty and Surety Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-04-0014-A</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Professional Liability Rewrite Form Filing 2008-04-0014</i>		
<i>Project Name/Number:</i>	<i>Professional Liability Rewrite Form Filing 2008-04-0014/2008-04-0014-A</i>		

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Professional Liability Rewrite SERFF Tr Num: TRVE-125775723 State: Arkansas

Form Filing 2008-04-0014

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI Co Tr Num: 2008-04-0014-A State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Authors: Socorro Armstrong, Disposition Date: 08/19/2008

Theresa Lavenburg, Michelle Smith

Cotto, Sonia Worrell, Timothy

Bengston, Celina Caez

Date Submitted: 08/18/2008 Disposition Status: Approved

Effective Date Requested (New): 11/08/2008 Effective Date (New):

Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Professional Liability Rewrite Form Filing 2008-04-0014 Status of Filing in Domicile:

Project Number: 2008-04-0014-A Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 08/19/2008

State Status Changed: 08/19/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In compliance with the insurance laws and regulation of your state, we submit a correction to form LPL-2011 Ed. 11-08, "Replace Section V. Exclusions Endorsement". This endorsement is part of our Lawyers Professional Liability Coverage

<i>SERFF Tracking Number:</i>	<i>TRVE-125775723</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Professional Liability Rewrite Form Filing 2008-04-0014/2008-04-0014-A</i>		

filing which was approved by your department.

Purpose and Scope of the Filing

Form LPL-2011, "Replace Section V. Exclusions Endorsement", is intended for use with our more sophisticated, larger law firm clients whose coverage was previously written on legacy St. Paul policy form 43997. Policy form 43997 has significantly fewer exclusions than the new proposed combined Lawyers Professional Liability policy form LPL-1001. LPL-2011 is intended to remove exclusions from policy form LPL-1001 that were not on the expiring policy form 43997. Unfortunately, in removing these exclusions, we also inadvertently removed two new exclusions - "Expected or Intended Failure And Internet Service Interruption" and "Government Demands or Proceedings". These exclusions were created solely because of a coverage feature (Network and Information Security Offense) that is new to these policies. As such, even though they were not on the expiring policy forms, they are critical to the new form policy forms with this automatic coverage extension.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst	MSMITHCO@travelers.com
One Tower Square	(860) 277-2345 [Phone]
Hartford, CT 06183	(860) 235-4951[FAX]

Filing Company Information

Travelers Casualty and Surety Company of America	CoCode: 31194	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
2S2B		
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-0179 ext. [Phone]	FEIN Number: 06-0907370	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

SERFF Tracking Number: TRVE-125775723 *State:* Arkansas

Filing Company: Travelers Casualty and Surety Company of *State Tracking Number:* EFT \$50
America

Company Tracking Number: 2008-04-0014-A

TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0000 Other Liability Sub-TOI Combinations

Product Name: Professional Liability Rewrite Form Filing 2008-04-0014

Project Name/Number: Professional Liability Rewrite Form Filing 2008-04-0014/2008-04-0014-A

Fee Explanation:

Per Company: No

SERFF Tracking Number: TRVE-125775723 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
Company Tracking Number: 2008-04-0014-A
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Professional Liability Rewrite Form Filing 2008-04-0014
Project Name/Number: Professional Liability Rewrite Form Filing 2008-04-0014/2008-04-0014-A

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company of America	\$50.00	08/18/2008	21986069

SERFF Tracking Number: TRVE-125775723 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
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Product Name: Professional Liability Rewrite Form Filing 2008-04-0014
Project Name/Number: Professional Liability Rewrite Form Filing 2008-04-0014/2008-04-0014-A

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/19/2008	08/19/2008

SERFF Tracking Number:	TRVE-125775723	State:	Arkansas
Filing Company:	Travelers Casualty and Surety Company of America	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-04-0014-A		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0000 Other Liability Sub-TOI Combinations
Product Name:	Professional Liability Rewrite Form Filing 2008-04-0014		
Project Name/Number:	Professional Liability Rewrite Form Filing 2008-04-0014/2008-04-0014-A		

Disposition

Disposition Date: 08/19/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125775723 State: Arkansas

Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50

Company Tracking Number: 2008-04-0014-A

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: Professional Liability Rewrite Form Filing 2008-04-0014

Project Name/Number: Professional Liability Rewrite Form Filing 2008-04-0014/2008-04-0014-A

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	REPLACE SECTION V. EXCLUSIONS ENDORSEMENT	Approved	Yes

SERFF Tracking Number: TRVE-125775723 State: Arkansas

Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50

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Product Name: Professional Liability Rewrite Form Filing 2008-04-0014

Project Name/Number: Professional Liability Rewrite Form Filing 2008-04-0014/2008-04-0014-A

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	REPLACE SECTION V. EXCLUSIONS ENDORSEMENT	LPL-2011 Ed. 11-08		Endorsement/Amendment/Conditions	Replaced Form #:0.00 LPL-2011 (11-08) Previous Filing #: 2008-04-0014		LPL 2011 Replace Section V Exclusions.pdf

REPLACE SECTION V. EXCLUSIONS ENDORSEMENT

This endorsement changes the following:

Lawyers Professional Liability Coverage

It is agreed that:

The following replaces section **V. EXCLUSIONS**:

V. EXCLUSIONS

A. Criminal, Dishonest, Fraudulent Or Malicious Conduct

This policy does not apply to any **Claim** based upon or arising out of any criminal, dishonest, fraudulent or malicious conduct, or other willful violation of laws, committed by any **Insured** or by anyone with the consent or knowledge of any **Insured**, provided that this exclusion does not apply to:

1. any **Insured Person** who did not participate in or have knowledge of such conduct or violation; or
2. the Company's duty to defend, or to pay **Defense Expenses** for, any **Claim** for malicious prosecution or abuse of process.

B. Claims By Certain Persons Or Entities

This policy does not apply to any **Claim** brought by or on behalf of, or in the name or right of:

1. the **Non-Profit Entity** or any of its affiliates or subsidiaries;
2. the attorneys' bar association; or
3. the directors, officers or trustees of the **Non-Profit Entity** or attorneys' bar association,

in any **Insured's** rendering of, or failure to render, **Non-Profit Services**, provided that this exclusion will not apply if the **Claim** is made and continued by or on behalf of such **Non-Profit Entity** or attorneys' bar association without the solicitation, assistance, active participation or intervention of such **Non-Profit Entity** or attorneys' bar association or their respective directors, officers or trustees.

C. Employee Retirement Income Security Act

This policy does not apply to any **Claim** based upon or arising out of any **Insured's** services or capacity as a fiduciary under the Employee Retirement Income Security Act of 1974 and its amendments or any regulation or order issued pursuant thereto, except if an **Insured** is deemed to be a fiduciary solely by reason of legal advice rendered with respect to an employee benefit plan.

D. Expected or Intended Failure And Internet Service Interruption

This policy does not apply to any **Claim** based upon or arising out of any **Network and Information Security Offense** that results in:

1. the failure to provide access to the **Named Insured's** website, or the **Named Insured's** computer or communications network, that was expected or intended by the **Insured**; or
2. any Internet service interruption or failure, provided that this exclusion will not apply if the interruption or failure was caused by an **Insured**.

E. Government Demands or Proceedings

This policy does not apply to any **Claim** based upon or arising out of any **Network and Information Security Offense** and brought by:

1. the Federal Trade Commission;
2. the Federal Communications Commission; or
3. any other federal, national, state, local, or foreign government, agency, or entity,

Issuing Company:

Policy Number:

provided that this exclusion will not apply to any **Claim** made by such entity in its capacity as a customer or client of the **Named Insured**.

F. Intentional Misuse Of Money Or Property

This policy does not apply to any **Claim** based upon or arising out of:

1. any **Insured's** conversion, commingling, defalcation, misappropriation or other intentional misuse or illegal use of funds, money or property;
 2. the willful or intentional breach or disregard of any oral or written **Title Agent** underwriting or binding authority by any **Insured**;
- in any **Insured's** capacity as a **Title Agent**.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125775723 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
Company Tracking Number: 2008-04-0014-A
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Professional Liability Rewrite Form Filing 2008-04-0014
Project Name/Number: Professional Liability Rewrite Form Filing 2008-04-0014/2008-04-0014-A

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/19/2008
Comments:
Attachments:
2007 PC NAIC Transmittal (generic) (2).pdf
2007 NAIC Form List.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 08/19/2008
Comments:
Attachment:
Arkansas.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

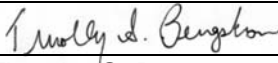
3. Group Name	Group NAIC #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Travelers Casualty & Surety Company of America	CT	31194	06-0907370	

5. Company Tracking Number	2008-04-0014A
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Timothy S. Bengston One Tower Sq. 2S2B Hartford, CT 06183	Sr. Regulatory Analyst	860-277-0108	860-277-3937	tbengsto@travelers.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Timothy S. Bengston

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0019 Professional Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0019
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Travelers 1 st Choice
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 11/8/08 Renewal: 2/1/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A

17. Reference Organization # & Title	N/A
18. Company's Date of Filing	8/15/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-04-0014A
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Purpose and Scope of the Filing

Form LPL-2011, "Replace Section V. Exclusions Endorsement", is intended for use with our more sophisticated, larger law firm clients whose coverage was previously written on legacy St. Paul policy form 43997. Policy form 43997 has significantly fewer exclusions than the new proposed combined Lawyers Professional Liability policy form LPL-1001. LPL-2011 is intended to remove exclusions from policy form LPL-1001 that were not on the expiring policy form 43997. Unfortunately, in removing these exclusions, we also inadvertently removed two new exclusions - "Expected or Intended Failure And Internet Service Interruption" and "Government Demands or Proceedings". These exclusions were created solely because of a coverage feature (Network and Information Security Offense) that is new to these policies. As such, even though they were not on the expiring policy forms, they are critical to the new form policy forms with this automatic coverage extension.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Corrected form LPL-2011 Ed. 11-08;
- Any applicable state filing forms and fees.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2008-04-0014A		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Replace Section V. Exclusions Endorsement	LPL-2011 Ed. 11-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Same Number and Edition Date	



One Tower Square, S202B
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond and Financial Products
Phone: (860) 277-2345
FAX: (866) 235-4951
Email: msmithco@travelers.com

August 15, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

Company Filing Number: 2008-04-0014-A
Professional Liability – **Travelers 1st Choice**SM
Form Filing

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194 06-0907370

In compliance with the insurance laws and regulation of your state, we submit a correction to form LPL-2011 Ed. 11-08, "Replace Section V. Exclusions Endorsement". This endorsement is part of our Lawyers Professional Liability Coverage filing which was approved by your department on August 7, 2008 under our filing number 2008-04-0014.

Purpose and Scope of the Filing

Form LPL-2011, "Replace Section V. Exclusions Endorsement", is intended for use with our more sophisticated, larger law firm clients whose coverage was previously written on legacy St. Paul policy form 43997. Policy form 43997 has significantly fewer exclusions than the new proposed combined Lawyers Professional Liability policy form LPL-1001. LPL-2011 is intended to remove exclusions from policy form LPL-1001 that were not on the expiring policy form 43997. Unfortunately, in removing these exclusions, we also inadvertently removed two new exclusions - "Expected or Intended Failure And Internet Service Interruption" and "Government Demands or Proceedings". These exclusions were created solely because of a coverage feature (Network and Information Security Offense) that is new to these policies. As such, even though they were not on the expiring policy forms, they are critical to the new form policy forms with this automatic coverage extension.

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The following are enclosed to facilitate your review:

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- Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new business effective on or after November 8, 2008 and all renewal business effective on or after February 1, 2009.

Should you have any questions, please feel free to call me at (860) 277-2345.

Regards,

Michelle Smith Cotto